

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/552116

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	2		1			
3	2		1			
4	2		1			
5	2		1			
6	2		1			
7	2		1			
8	2		1			
9	2		1			
10	2		1			
11	2		1			
12	2		1			
13	2		1			
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18	2		1			
19	2		1			
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48						
49						
50						
TOTAL IND.			↓			
TOTAL DEP.		←	39	←	←	←
TOTAL CLAIMS			40			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.			↓			
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						